



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland Commission on Kidney Disease
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**2020 SESSION
POSITION PAPER**

BILL NO: HB 1417
COMMITTEE: Health and Government Operations
POSITION: Oppose

TITLE: Dialysis Patient Transportation Fund and Task Force to Study the Dialysis Patient Transportation Fund

BILL ANALYSIS: HB 1417 establishes the Dialysis Patient Transportation Fund as a special, non-lapsing fund; requiring the Secretary of Transportation to administer the Fund; requiring certain kidney dialysis centers to pay to the Department of Transportation a certain fee for certain transports; establishing a Task Force to Study the Dialysis Patient Transportation Fund to study and make recommendations regarding certain matters; requiring the Task Force to report its findings and recommendations to the Governor and the General Assembly on or before a certain date.

POSITION AND RATIONALE: The Commission on Kidney Disease opposes HB 1417 because of the detrimental effects on its function, viability and effectiveness in maintaining its charter, which is to set standards of medical care in dialysis and transplant facilities and centers, and to survey for compliance with these standards in order to protect the safety and welfare of this very vulnerable and disenfranchised renal population. By removing the funding mechanism in the process of facilities opting out of certifying with the Commission, the Commission will cease to exist, and subsequently the “Domino effect” will be invoked. Without the Commission certifying facilities, the Kidney Disease Program (KDP) will not be able to reimburse of behalf of KDP certified patients, any funds to cover for their co-pay or medications, or doctors’ visits. This harmful impact on the dialysis and transplant population, will induce more hospitalizations, loss of graft in case of transplanted patients, and more out of pocket expenses hoisted upon patients that are already pauperized because of their End Stage Renal Disease (ESRD) diagnosis.

In accordance with the Commission on Kidney Disease, COMAR 10.30.05.04, “A facility or center may not receive funds from the Kidney Disease Program for certified services rendered, unless the facility is certified by the Commission and has paid in full the fee assessed it by the Commission in the time limit set forth by the Commission.” Additionally, the Kidney Disease Program requires under, COMAR 10.20.01.03A(3)(a), “To be eligible for enrollment in the Program an applicant shall: Have begun a regular course of maintenance renal dialysis in a certified facility or have received a renal transplant, or both.

HB 1417 requires, under Health-General Article 13-310.2(c)(2), that “Each kidney dialysis center certified by the Department under this subtitle shall pay to the Secretary of Transportation a fee of \$20 for each transport of a patient of the kidney dialysis center provided by a local department of transportation to or from the kidney dialysis center for a dialysis treatment”. Introducing a “TRANSPORTATION FUND” into the Commission’s statute, as proposed by this bill, is strongly opposed by the Commission. The Commission’s charter is to maintain the standards of medical care, not to manage or house a transportation “FUND” that would be administered by the Department of Transportation, a totally unrelated agency to the autonomous Commission.

In addition, in order for patients to qualify for certification with KDP, the patients have to choose to dialyze at a facility certified with the Commission. Since it has already been announced that certain dialysis facilities will choose not to pay the transportation fee and thus elect to not certify with the Kidney Commission, options for patients’ choice of dialysis facilities will be limited, so long as the patient chooses to remain certified with KDP and receive financial assistance. Financial assistance by KDP is essential to ESRD patients since their treatment is extremely expensive. The cost of the patient’s care, which includes medical and pharmaceutical needs, greatly exceeds their ability to pay out-of-pocket. Due to limited options, patients may have to travel longer distances to receive their dialysis, increasing travel expenses. Gaining access to dialyze at a facility certified by the Commission may also be limited since facilities are approved for a certain number of dialysis stations. The facility will be limited to how many patients they can accept for treatment.

In conclusion, HB 1417 may adversely affect the ability for ESRD patients in the State of Maryland to receive and afford their life sustaining medical and pharmaceutical services by limiting their access to dialysis facilities and effecting financial assistance from KDP for their medical expenses.

For all of the reasons stated above, the Commission respectfully requests an unfavorable report on HB 1417. If more information is requested, please contact Eva Schwartz, Executive Director, at (410)764-4785 or at eva.schwartz@maryland.gov.

The opinion of the Commission expressed in this document does not necessarily reflect that of the Department of Health or the Administration.